Signature

Date

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lowa Code section 8.7 requires or received by the Governor on Disclosure Spard and the Government Other report to the Government Other Report Total Re	AND CAMPAIGN DISCLOSTO EAST 12 TH , SUITE 1A DES MOINES, IA 60319 Fax: (515)281-4073 www.lowa.gov/ethics all gifts and bequests given to any dischalf of the state be reported to the roment Overeight Committee. The Eversight Committee. This form is to	apartment of the state of lowa lowa Ethics and Campaign loard will provide a copy of	FORM-GB Giff or Bequeat information received by a department or accepted by the Governor on behelf of the state For office use only Indexed Audited Checked Computer
DHS Glenwood Resource Name of Department or Office 711 South Vine Street Mailing Address 712-923-1643 Area Code & Telephone No.	Glei	awaad, IA 51534 y, State, Zip Code	
CONTACT PERSON FOR REC	IPIENI DEPARIMENT OR OFFICE	5.	
Name	2.00 200		
Mailing Address (if different from a	ibove)	City, State, Zip (if different fro	m above)
Email Address		Area Code & Telephone Num	iber (if different from above)
DONOR OF GIFT OR BEQUES Diana Sayers Name)T;	7	
101 1/2 Green St., #A	Glenwood, IA 51534		
Mailing Address	City, State, Zip Code	August 25, 2010 Date of Gift or Bequest	\$90.00
Area Code & Telephone Number		11	tet value" of item as determined by
Email Addrese (optional)			
Criteria to use this form:	r bequest and purpose thereof: ck Band w/game and instrume t is received by any department of the et		ehalf of the state.
Statement of Affirmation: Ruth Messinger affirmation affirmation affirmation affirmation affirmation which is a second of the fair market value.	n that the gift or bequest reported above (if applicable) is correct and true to the b	is accurate. I further affirm that the est of my knowledge.	Information concerning the donor and
		8/30/20	010